

POSITION .	INITIALS	ID NO.	DATE
		61011	
FEE DETERMINATION		Will.	5/10/00
O.I.P.E. CLASSIFIER	4-7	1/	17/16/30
FORMALITY REVIEW	N.YP.	875	7/21/00
RESPONSE FORMALITY REVIE	w CA		,

## **INDEX OF CLAIMS**

~	Rejected	N	Non-elected
=	Allowed	I	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

Claim Date	Claim	Date	Claim . Date
Original 1 2 10 2 10 2 10 2 10 2 10 2 10 2 10 2	Final	43,04	Final
To your distribution	51		101
	52		102
	53		103
	54		104
	(55)		105
	56		106
	57		107
	58		108
	59		109
	60	V	110
	61	V	/111
	62		/ 112
BULYU	63	V	113
	64		114
	<b>(65)</b>		115
	66		116
	67		117
18 99 0	68		118
10 10 10	69		119
20 14 4 0	70		120
	71		121
	72		122
はいるととと	73		123
24	74		124
25	75		125
26	76		126
27	77		127
28 .	78		129
30 NNJN	80	<del>                                     </del>	130
	81	<del></del>	131
	82	<del></del>	132
	83	<del></del>	133
	84		134
	85	<del></del>	135
	86		136
	87		137
	88		138
3 14717	89		139
	90		140
4110013	91		141
	92	+ + + + + + + + + + + + + + + + + + + +	142
44 2 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	93		143
411 441	94		144
45 000	95		145
142000	. 96		146
1 (147)	97		147
48	98		148
49	99		149
50	100		150

If more than 150 claims or 10 actions staple additional sheet here